

Continuous Quality Improvement Initiative Report Arirang Korean Long-Term Care 2026/27

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DESIGNATED LEAD - Quality Improvement

Introduction to Arirang Korean Long-Term Care

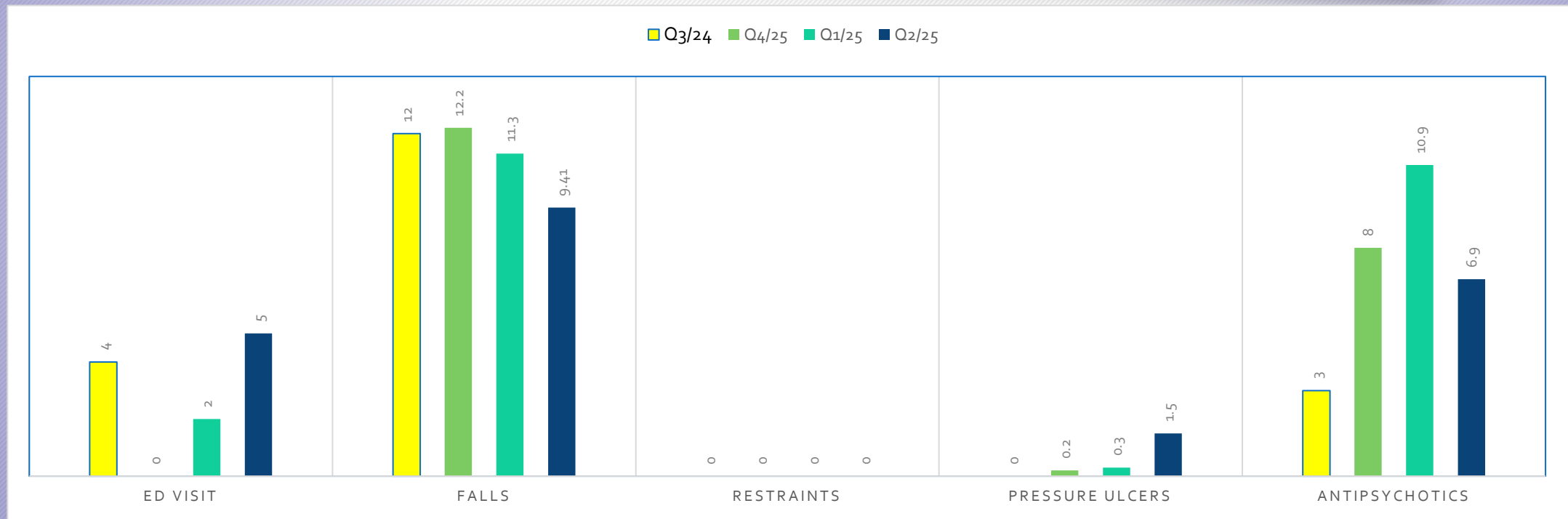
- Arirang Korean Long-Term Care (LTC) was newly licensed on June 1st, 2023, that was taken over previous the Rose of Sharon Korean Long-Term Care. Arirang is a 60-bed not-for-profit Long Term Care Home and offers the Korean community a continuum of care that supports and promotes the Korean Culture.
- Our Korean focused setting enables our residents to enjoy life to the fullest while respecting their rights of residence in a dignified way. We pledge to deliver this care in co-operation with residents, families, multi-disciplinary teams, and government bodies. We seek to better the lives of our residents, their families and our staff, this interim report will use previous QIP as a starting point for continuous quality improvement, recognizing the fundamental requirements of the new act and regulations contained in FLTCA, 2021 in broadening our commitment to CQI.
- We are proud of all QIP indicators were below the provincial rates 2025, especially zero restraints and very lower skin and wound rates. We will try to maintain these rates in 2026/27, and our priorities continue to align with Ontario Health's Priority Indicators with additional emphasis on the Resident Experience and Safe & Effective Care. Focusing on those areas that identified in FLTCA, 2021 as programs that define quality for the lives of the persons, we provide care for and support.

Quality Improvement Outcomes from 2026-2027

Health Topic	Quality Indicator	Q22025 Home Average	Q2 2025 Ontario Health, Toronto Central/CIHI	Rating
ED visit	# of residents visit ED	7.14	21.4%	★ ★ ★
Falls	% of residents who had a recent fall	9.41%	17.2%	★ ★ ★
Restraints	% of residents in daily restraints	0%	1.6%	★ ★ ★
Pressure Ulcers	% of residents with worsening pressure ulcer	0.3%	2.5%	★ ★ ★
Antipsychotic	% of residents taking antipsychotic without a diagnosis	6.9%	22.4%	★ ★ ★

Outcomes are better than provincial average	★ ★ ★
Outcomes are approaching provincial average (within .5 of target)	★ ★
Outcomes are under review for quality improvement action	★

Quality Improvement Outcomes from 2026-27



All home data is from the most current Minimum Data Set, Resident Assessment Instrument. MDS-RAI | * Health Quality Ontario (HQO)
** Continuing Care Reporting System (CCRS)

QUALITY PRIORITIES FOR 2025/26

Arirang Korean Long-Term Care is pleased to share its 2025/26 Continuous Quality Improvement Initiative Report. Arirang Korean Long-Term Care is committed to quality improvement and is reflected in our mission and strategic plan.

We are continuing the implementation of the Person and Family Centered Care Best Practice Guideline ensuring residents and their families are supported to achieve their personal goals for their health and quality of life.

We are implementing the Palliative Approach to Care and End-of-Life Care Best Practice Guidelines concentrating on improving or sustaining comfort and quality of life for the residents and their families facing a life-limiting illness. Our Palliative care approach encompasses holistic services that meets the physical, emotional, social, cultural, spiritual and psychological needs of the resident and their family members

Meeting the requirements of the Fixing Long Term Care Act 2021 and Ontario Regulations 246/22, respecting Residents' Bill of Rights, maintaining an environment that supports evidence-based practices and innovation remain high priorities for Arirang Korean Long-Term Care. Our Continuous Quality Improvement Plan is a roadmap to integrating excellent care, collaboration and enhanced quality of life for residents in our Home.

The high-level priorities for Arirang Korean Long-Term Care's 2026 Continuous Quality Improvement are enhancing care outcomes and empowering frontline staff with knowledge and skill by implementing best practice guidelines as a Pre-designate Best Practice Spotlight Organization, supporting innovation in data integration, and maintaining Resident and Family Satisfaction :

- Enhance Quality of Life for residents in our Home
- Enhance Resident's Comfort
- Meeting Resident's needs, wishes and choices
- Supporting Point of Care Decision Making
- Enhancing screening, assessment and prevention of risk
- Data Integration
- Enhance Residents' and Family Satisfaction

QUALITY OBJECTIVES FOR 2026/27

1. Enhancing in Quality of Life for residents in our Home through the Person and Family Centered Care (PFCC), Alternative to Restraints Best Practice Guideline and the Palliative Approach to Care Guideline
2. Enhancing Resident's Comfort through the implementation of Pain Assessment and Management Best Practice Guideline and the End-of-Life Care Guideline
3. Supporting Resident's Transition in our Home prior to admission through the process of pre-admission conference and on the day of admission through the implementation of the Admission and 24 Hours Assessment and Plan of Care Clinical Pathway
4. Meeting Resident's needs, wishes and choices through the implementation of Clinical Pathways (Person and Family Centred Care and Pain Assessment and Management) and integration of goals of care discussions during resident care conferences
5. Data Integration through accessing One ID for the continuous updating of resident's information in both hospital and LTC Home record with transition exchanges
6. Supporting screening, assessment, prevention of risk and point of care decision making through the implementation of Assessment Tools and Clinical Pathways that integrate with Plan of Care through Nursing Advantage Canada electronic platform for residents' assessment
7. Enhancing Resident and Family Satisfaction through Response and Action

QUALITY IMPROVEMENT INITIATIVES CYCLE AND PRIORITY SETTING PROCESS

Arirang Korean Long-Term Care has developed an annual planning cycle for their Continuous Quality Improvement Report and Quality Improvement Plan (QIP).

Quality Improvement planning includes an evaluation of the following factors to identify preliminary priorities:

- Progress achieved in past year based on previous QIP;
- Ongoing analysis of performance data over time available from the Canadian Institute for Health Information (CIHI); with areas indicating a decline in performance over time and/or where benchmarking against self-identified peer organizations suggests improvement required
- Quality Indicators Raw Data Reports available in Point Click Care Electronic Documentation System
- Resident, family and staff experience survey results;
- Identified priorities through program evaluations and recommendations from the home's continuous quality improvement committee
- Results of care and service audits
- Emergent issues identified internally (trends in critical incidents) and/or externally;
- Input from residents, families, staff, leaders and external partners.
- Mandated provincial improvement priorities
- Acts and Regulations for Long Term Care Homes, other applicable legislations and best practice guidelines

- Priorities are discussed within different committees and councils by interprofessional and interdisciplinary team members.
- These committees and councils include the Leadership Team, Residents' Council, Family Council, CQI Council and the Board of Directors Committee. The process is interactive and engages different stakeholder groups.
- QIP targets and practice change ideas are identified and confirmed. Board of Directors endorses and approves the final QIP.

Arirang Korean Long Term Care APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS)

- Arirang Korean Long Term Care's Policies and Procedures, electronic documentation platform setup and practice standards, provide a baseline for staff in providing quality care and services, while maintaining safety. Arirang Korean Long-Term Care has adopted the Model for Improvement to guide quality improvement activities. Interprofessional quality improvement teams, including resident and family advisors, work through the phases of the model to:

1. Complete Trends Analysis

- Teams use various QI methodologies to understand some of the root causes of the problem and identify opportunities for improvement. This work can include process mapping, 5 whys, fishbone, Plan-Do-Study-Act (PDSA) cycles, etc. Also included in this work, is an analysis of relevant data and completion of a gap analysis against relevant Best Practice Guidelines.

2. Set Improvement Aims

- Once there is a better understanding of the current system or practice challenges, the aim is expressed and documented. The aim includes information regarding the actual indicator target for improvement, the resident and family experience and satisfaction of outcomes, staff adherence to practice change and work satisfaction and, use of resources. This aim will be used to evaluate the impact of the change ideas through implementation and sustainability. Aim Statements are Specific Measurable, Attainable, Relevant, Timeline-Bound.
- The aim statement includes the following parameters - "How much" (amount of improvement – e.g., 30%), "by when" (a month and year), "as measured by" (indicator or a general description of the indicator) and/or "target population" (e.g., residents, residents in specific area, etc.)

APPROACH TO CQI (POLICIES, PROCEDURES AND PROTOCOLS Cont.)

3. Developing and Testing Practice Change(s)

- As a principal, Arirang Korean Long-Term Care will identify practice changes to implement current Long-Term recommendations established by the published best practice guideline(s)
- With the completion of the gap analysis, and program evaluation as required, areas for improvement are identified by various teams that will move Arirang Korean Long-Term Care towards meeting its aim statement (s).
- Arirang Korean Long-Term Care will monitor and track outcomes of practice changes through observation, auditing and data collection

4. Implementation, Dissemination, Sustainability

- Improvement teams consider the following factors when developing implementation of practice change plan:
 - Outstanding work to be completed prior to implementation (e.g., final revisions to change ideas, embedding changes into existing workflow, updating relevant Policies and Procedures, work flow charts, documentation systems etc.)
 - Education required to support implementation, including key staff resources (e.g., Best Practice Champions, Best Practice Liaisons and Co-liaisons).
 - Communication required to various stakeholders, before during and after implementation
 - Approach for spread across Arirang Korean Long Term Care, (to residents, families, staff)
 - Dissemination at monthly Best Practice Change meetings, conferences, webinars, Best Practice Symposium, etc.)

Measures includes the following types:

Outcome Measures:

- Measures what the team is trying to achieve (the aim)

Process Measures:

- Measures key activities, tasks, processes implemented to achieve aim

Structure Measures:

- Measures systems, and processes to provide high-quality care.

PROCESS TO MONITOR AND MEASURE PROGRESS, IDENTIFY AND IMPLEMENT ADJUSTMENTS AND COMMUNICATE OUTCOMES

- A key component of the sustainability plan is the collection and monitoring of the key project measures over time.
- Run charts and Statistical Control Charts, with established rules for interpretation, are essential to understanding if there has been an improvement or decline in performance.
- Analysis of the Outcome measure(s) will be used to identify if the Home is achieving the desired outcomes or not.
- If not achieving desired outcomes, the team can review the Process measure(s) over time to either confirm compliance with key change ideas (suggesting the change idea may not be as effective at improvement outcomes) or identify gaps in compliance that need to be addressed.
- Based on the results of this analysis, the team may consider alternative change ideas, provide coaching to staff to enhance compliance, engage with staff to better understand gaps in adherence to compliance.

At An Organizational Level

- Arirang Korean Long-Term Care is using different reports to monitor and measure progress on strategic aims such as reports and Quality Improvement modules, best practice indicators based on guideline and clinical pathway implementation, and different analysis tools available within different programs.
- Communication strategies are tailored to the specific improvement initiative. These include, but are not limited to:
 - Posting on unit Continuous Quality Improvement and Best Practice Boards, in common areas and in staff lounges
 - Publishing stories and results via the newsletter, presenting at practice change at committee meeting.
 - Handouts and one: one communication with residents, families and staff
 - Presentations at staff meetings, Resident Councils and Family Council.
 - Change of shift reports

Resident and Family Satisfaction Survey

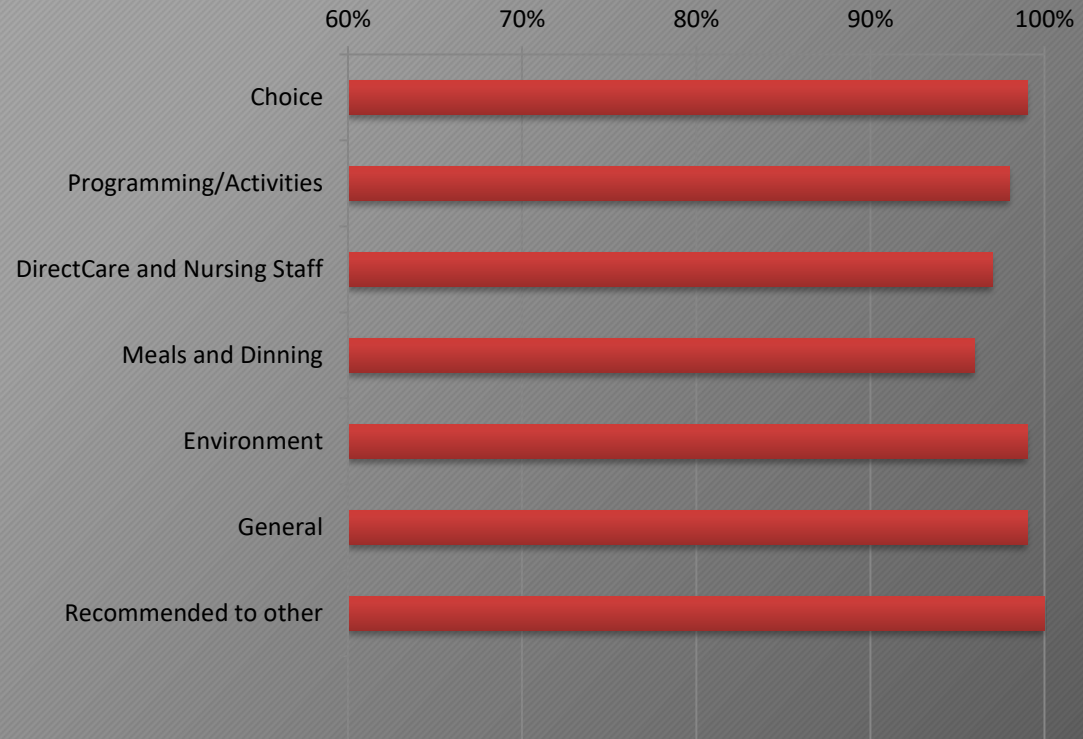
- Resident and Family Satisfaction Surveys are provided to Residents and their family members annually.
- Adjusted the # of survey' questions by resident's council recommended
- The results of the satisfaction surveys are communicated to the residents and their families, the Residents Council and Family Council and members of the staff of the home
- Arirang Korean Long-Term Care completes a review of all the responses and establishes goals on the CQI action plan for any areas identified as needing improvement in collaboration with residents and their families, Residents Council, Family Council, CQI committee members and staff members of the home

Arirang Korean Long-Term Care 2025 Resident & Family Satisfaction Survey

PERIOD: OCT 2025(CONDUCTED BY VOLUNTEERS)

TOTAL RESPONSE: 72 (RES 31 & FAM 41)

Topic	Satisfaction
Choice	99.00%
Programming/Activities	98.00%
DirectCare and Nursing Staff	97.00%
Meals and Dinning	96.00%
Environment	99.00%
General	99.00%
Recommended to other	100.00%



Arirang Korean Long-Term Care 2025 Resident & Family Satisfaction Survey

Summary of Areas home is performing well:

- The participation of the survey is higher than past years as 72 from 47 2024
- 100% satisfaction with overall care and services you(resident)
- 100% satisfaction with programming and activities
- 100% satisfaction with Environmental services
- 100% answered with recommend our home to other.
- 99% satisfaction with " Can you express your opinion without fear?"
- 96% satisfaction with the Meals and Dinning

Summary of Areas for Improvement identified:

- 94.44 % satisfaction with how well staff listen to residents with range 1-10

71 participants of 72 (resident and family) were satisfied as answered 8-10 in the survey and One resident was satisfied as answered "5".

Arirang Korean Long Term Care Quality Improvement Priority Indicators

1. Access and Flow -Efficiency

Indicator	Current Performance	Target Performance
Rate of potentially avoidable ED visits for long-term care residents	7.14%	7%

2. Experience-Resident -centred

Indicator	Current Performance	Target Performance
% of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	94.44%	96%

4. Safety

Indicator	Current Performance	Target Performance
1. Percentage of LTC home residents who currently use antipsychotic without diagnosis.	6.9%	6.0%.
2. Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	1.8%	1.5%
3. Percentage of LTC home residents who fell in the 30 days leading up to their assessment	9.41%	9%

Practice Changes/ Action Items to Support Quality Improvement

1. Clinical Pathway Sustainability:

- Auditing Process for Admission Assessment, RFCC and Delirium Clinical Pathway
- Fall Prevention and Management
- Pain Assessment and Management
- Palliative Care and End of Life Care
- Feedback provided to RNAO and Point Click Care

2. Data Integration

Match of resident electronic health records between Arirang Korean Long-Term Care and hospital software systems

3. Safety and Technology:

- Automated Dispensing Cabinets (ADC) use
- Barcode Scanning for Medication Safety
- Electronic Auditing for Infection Control Program
- Diagnostic Equipment to support residents to be cared within Arirang LTC Home, such as Portable Blood Analyser, Bladder Scanner, POC tester

4. Improved Staff Experience:

- Supporting Point of Care Decision Making through:

Clinical Pathways, ADC machine, electronic Skin and Wound Program, data integration electronic programs and medication safety and technology innovation

5. Residents Satisfaction Survey:

- Residents Satisfaction Survey and Outcome
- Residents' Council Feedback
- Family Council Feedback
- Actions for improvement